

Horizon College & Seminary/Central Pentecostal College Transcript Request Form

☆ **NOTE: Transcripts cannot be processed and sent until payment is received.**

Date: _____ **Last Year Attended:** _____

Student Name: _____

Maiden Name (if applicable): _____ **Phone #:** _____

☆ **Signature:** _____

Address: _____

email: _____

Transcripts to be sent (by mail within 7-10 Business Days)

to: _____

Number of Transcripts: _____ **Cost:** \$10.00/transcript and \$5.00/additional transcript to the same address.

Address: _____

Transcripts to be sent to: _____

Number of Transcripts: _____ **Cost:** \$10.00/transcript and \$5.00/additional transcript to the same address.

Address: _____

Transcripts are available **ONLY** when student accounts are paid in full.

Special Delivery Options and Costs:

- Special/Express Delivery: ADDITIONAL COSTS will apply
- Fax Copy Surcharge: \$1.00/Fax Number
- A Personal copy (w/o signature) is available for yourself via email without charge (please check if applicable)

☆ **PAYMENT OPTIONS:** DO NOT include Bank/Credit Card information on this form.

- Credit Card payments: Call Toll Free: 1-877-374-6655
- Money Order/Cheque: Send to
Horizon College & Seminary
1303 Jackson Ave. Saskatoon, SK S7H 2M9

Office Use:		
Amount Paid:	Date sent:	Assistant Registrar initials: